41.9	ARIZONA STATE BOARD OF BULLES OF BLACK	
	PACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	100
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(This return should preferable by the person who made the		
Place of Birth (Registration District)	County County County Registrar's No. 1	A STATE OF THE STA
SEY OF CHIPD* Twin Triplet or other?	and Number I HEREBY CERTIFY that the child a	
DATE OF BIRTH	pt. 17 1927 7102000	
FULL NAME	FATHER (Give name in full)	
FULL* MAIDEN NAME	MOTHER MOTELER (Parent's Signature)	
*These items to be entered	I by the local registral before giving out this form.  (Signature of Physician or Midwife)	
M 5/20/41	s of birth may be obtained from the local registrar.	
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